

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-049184

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 535

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0940

2 1030

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12 93-0

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED JAN 15 1964

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township		c. CITY OR TOWN Bernie	
Length of stay in 1b 1 Yr; 2 mos; 2 das		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 4		d. STREET ADDRESS (If outside, give location) Unknown	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First JAMES Middle A. Last HOOKS			4. DATE OF DEATH Month December Day 29 Year 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 7-20-1898	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY Rector, Arkansas		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Ollie Hooks		13b. MOTHER'S MAIDEN NAME Jimmie Deniston		14. NAME OF HUSBAND OR WIFE Ethel Johnson-2nd wife	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Address Records, State Hospital No. 4, Farmington, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Epidermoid Carcinoma, grade II, of the epiglottis with cartilage invasion		INTERVAL BETWEEN ONSET AND DEATH -Abt. 2 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic brain syndrome associated with intoxication, alcohol intoxication, with neurotic reaction.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ s.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION At intervals from 10-19-61 to Dec. 29, 1963	COUNTY Stoddard	STATE Missouri
21. I attended the deceased from _____ and last saw him alive on Dec. 29, 1963 Death occurred at 2:35 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE John A. Brenner, M.D.	22b. ADDRESS State Hospital No. 4 Farmington, Missouri	22c. DATE SIGNED 12-30-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-31-63	23c. NAME OF CEMETERY OR CREMATORY Blooming Grove Cemetery North of Rector, Arkansas
24. FUNERAL DIRECTOR ADDRESS Duffie-Rainey Funeral Home, Bernie, Mo.		25. DATE RECD. BY LOCAL REG. Dec. 30, 1963
26. REGISTRAR'S SIGNATURE Ethel Johnson		

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul M. DeGard

Licensed Embalmer No. 4120

P.O. Address Farrington, Wis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.